



INDIANA BAIL AGENT APPLICATION

Please type or print legibly.

Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

All applications must include:

- (1) A recent digital full face photograph and your signature on the specimen sheet to be included on your license. If you prefer, pictures can be taken and a license issued in our office **by appointment only.**
- (2) Certified fingerprint card from local law enforcement.
- (3) Recent Credit Bureau Report (estimated cost \$15.00).
- (4) Criminal History Check (**Review Challenge, NOT Limited Criminal History**) completed by Indiana State Police (cost \$10.00).
- (5) Photo copies of other Professional Licenses that you hold.
- (6) Application fee of **\$650.00** (check or money order).
- (7) Completion Certificate for twelve (12) credit hours of Pre-Licensing Education.

We Do Not Accept Cash or Credit Cards

Upon receipt of the application materials, you will receive a ***CERTIFICATE OF TESTING ELIGIBILITY*** from this office which will entitle you to take the bail agent examination. Information regarding test sites and phone number will be included. There is a One Hundred Dollar (\$100.00) examination fee, **to be paid at the time of examination** (do not send this fee with your application). The examination is given by a vendor. Once you receive your testing certificate, an informational sheet will be provided to you on how to schedule an examination and how to pay the examination fee. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at 317-232-5249 if you have any questions regarding this application.

STATE OF INDIANA BAIL AGENT APPLICATION

LEGAL NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY/COUNTY/ZIP: _____

LENGTH OF TIME AT THAT ADDRESS: _____

PREVIOUS ADDRESS (ES) FOR PAST 5 YEARS: _____

PROPOSED BUSINESS ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

**IF YOU WILL WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THEIR
NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME:** _____

NAME OF COMPANY YOU WILL REPRESENT: _____

PRINCIPLE ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:
(This is where you will be audited if licensed) _____

LENGTH OF INDIANA RESIDENCY: _____

CURRENT OCCUPATION: _____

WILL YOU CONTINUE THIS JOB UPON LICENSURE? YES ____ **NO** ____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DATE OF BIRTH: ____ **EYE COLOR:** ____ **HEIGHT:** ____

HAIR COLOR: ____ **WEIGHT:** ____

ANSWER THE FOLLOWING QUESTIONS FULLY

1. Are there any complaints or charges against you currently pending before any public authority (including a law enforcement agency)? YES _____ NO _____
2. Has a disciplinary action been taken against you by any public authority, including law enforcement agency? YES _____ NO _____
3. Have you been convicted of a Felony? YES _____ NO _____
4. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES _____ NO _____
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES _____ NO _____
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES _____ NO _____
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES _____ NO _____
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date _____
9. Do you have any outstanding State or Federal tax liens or warrants? YES _____ NO _____
10. Do you currently have any outstanding judgments for unpaid child support? YES _____ NO _____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: _____

DATE: _____

Sworn and subscribed before me this _____ Day of _____, _____

My Commission Expires _____ Notary Public _____

County of Residence _____ Printed Name _____



INFORMATION FOR OUR AUDITOR

Please provide the following information so that you are easily located for the audit of your bail bond records.

Your Name: _____

Business Name: _____

Is your bail bond business: Full-Time _____ Part-Time _____

Business Phone Number: _____ **Address of your bail bond operation:**
(Area Code & Number)

_____ **County** _____

**If you have employment other than your bail bond business,
Where can you be located during business hours?**

Address: _____

Phone Number: (____) _____

Please complete this form and return it with your bail agent license application.

**Indiana Department of Insurance
Bail Bond Division
311 West Washington Street, Suite 300
Indianapolis Indiana 46204-2787**

Form 3a
License Requisition

Date _____

Type or Print Neatly

Agent Data

1. Name: _____
Last First Middle Maiden

2. Home Address: _____
Street City State Zip

3. Business address: _____
Street City State Zip

4. Home Telephone: _____ 5. Business Telephone: _____

6. Social Security Number: _____ 7. Date of Birth: _____

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

Signature of Agent

Surety Insurance Company Data

8. Name of Company: _____

9. Address: _____
Street City State Zip

10. Telephone Number: _____ 11. Company I.D. Number _____

12. State where Company Is Domiciled: _____

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

Date Signed by Surety Company

Authorized Signature

Return original to the Department of Insurance, Bail Bond Division

Attach a small digital photo

HERE-----→

Your Signature (PLEASE USE BLACK SHARPIE PEN)

HERE-----→

Name _____ **Agent #** _____

Address _____

Phone Number _____